

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	LW	68904	4/16/00
O.I.P.E. CLASSIFIER		21	4/11/00
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	LB	59222	5-31-00

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)..... Canceled
 ÷ Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
Final	
Original	
1	2/16/00
2	2/16/00
3	2/16/00
4	2/16/00
5	2/16/00
6	2/16/00
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8	2/16/00
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49	2/16/00
50	2/16/00

Claim	Date
Final	
Original	
51	2/16/00
52	2/16/00
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99	2/16/00
100	2/16/00

Claim	Date
Final	
Original	
101	2/16/00
102	2/16/00
103	2/16/00
104	2/16/00
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146	2/16/00
147	2/16/00
148	2/16/00
149	2/16/00
150	2/16/00

If more than 150 claims or 10 actions
staple additional sheet here